FOOD RELATE	D ALERT/COMP	LAIN	T RECORD				
					Comp	olaint Number	
Form A							
Complaint Received From:		Address:			Phone	e:	
•					(Area Co) de	
			street, city state, zip				
Person to Contact	t for More Informat	ion	Address:		Phone	Э	
					Home ()	
			street, city, state, aip		Work ()	
Complaint Details	: :		street, city, state, aip		VVOIR (/	
Complaint Details	•						
Illness	Number III	Time	Ilness Began	Predomi	nant Sympto	oms	
Yes 1,2		Date:	3		, ,		
□ No ³	Same household	Hour:	am pm				
Suspect Foods⁴	Source		Brand Identification	Lot Num	ber		
Suspect Meal	Place			Address	:		
•				(street) (City, State, & Zip)			
Persons Attending	n Suspect Meal	Addre	88.		Phone	<i>→</i> .	
1 Croons / Mchang	g Gaspeet Mear	/ tadi c	33.			5.	
*List additional persons on next page		City, State, & Zip		iip T		01 15	
Received By:		Investigation Initiated By:			Complaint Closed By:		
Date: Time:		Date: Time:			Date: Time:		
	_am _pm	Date.	□am □pr	n	Dato.	□am □r	
			<u> </u>				
	n & Verification		e of Complaint:	F	¬		
	area Provided on	=	ess			/ Establishment	
next p	oay e .		ontaminated, Adulterat oiled Food	e u [Other (Sp	ecity)	

¹If yes, professional staff member should obtain information about patient and record on Michigan Gastrointestinal Case Investigation or IAFP C1/C2 forms, or outbreak specific questionnaire.

²If still ill, ask person to collect stool in a clean container. Arrange for collection and testing per MDCH criteria.

³ If No, skip to "Receive By:" line and complete remainder of form

⁴ Ask person to refrigerate all food eaten during the 72 hours before onset of illness; save or retrieve original containers or packages; sample should be properly identified; hold until health official makes further arrangements.

FOOD RELATED ALERT/COMPLAINT RECORD, page 2

Additional people attending implicated meal:

	ner Local Health Department ager ulture Date notified: Pers		
	munity Health Date notified:		
Other LHD notification	Name(s) of LHDs notified:	_ Date notified:	
Actions Taken:			